Santénet Project Performance Monitoring Plan (PMP)

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List of Acronyms

ACT	Artemisinin-based Combination Therapy
ADRA	Adventist Development and Relief Agency
ANC	Antenatal consultations
ARI	Acute Respiratory Infections
CBD	Community-based distribution
CBDA	Community-based distribution agents
CBHC	Community-based Health Center
CCM	Country Coordinating Mechanism
CNLP	National Malaria Control Policy CNLP
CPR	Condom prevalence rate
DHS	Demographic Health Survey
DQS	Data Quality Self-Assessment
EMAD	District Management Team
EMC	Essential Medical Coverage
ENA	Essential Nutrition Actions
EONC	Emergency Obstetrical and Neonatal Care
EPI	Expanded Program on Immunization
ES/NACC	Executive Secretariat of the National AIDS Control Committee
FHD	Family Health Division
FP/RH	Family Planning/Reproductive Health
FPC	Focused Prenatal Care
FPC/PMP	Focused Prenatal Care/Prevention of Malaria During Pregnancy
GED	Generic Essential Drugs
GOM	Government of Madagascar
GTZ	German Technical Cooperation Agency
HCMC	Health Communication and Mobilization Committee
HCP	Health Communication Partnership
HMIS	Health Information and Management System
IACC	EPI Inter-Agency Coordination Committee
IEC/BCC	Information Education Communication/Behavior Change Communication
IECSMU	IEC and Social Mobilization Unit
IECSMU	MOH/FP's IEC and Social Mobilization Unit
IHAA	International HIV/AIDS Alliance
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Presumptive Treatment

IR	Intermediate Result
IRH	Institute for Reproductive Health
ITN	Insecticide-Treated Nets
KM	*Kôminina Mendrika* (Champion Commune)
LTPM	Long-Term Permanent Methods
MAC	Malaria Coalition Action Project
MAR	Monthly Activity Report
MCU	MOH/FP's Malaria Control Unit
MIS	Management Information System
MOH/DHS	District Health Services
MOH/FP	Ministry of Health and Family Planning
NCHP	National Child Health Policy
NCPH	National Contracting Policy for Health
NGO	Non Governmental Organizations
NHP	National Health Policy
NIPCH	National Institute of Public and Community Health
NNAP	National Nutrition Action Plan
NNO	National Nutrition Office
NNP	National Nutrition Policy
PMP	Performance Monitoring Plan
PNP	Protocols, Norms and Procedures
PQI	Performance and Quality Improvement
PSI	Population Services International
PTI	Para-medical Training Institution
RBM	Roll Back Malaria
RDT	Rapid Diagnosis Test
RED	Reach Every District
RHD	Regional Health Directorate
SDM	Standard Days Method
SM	Safe Motherhood
SP	Sulfadoxine pyrimethamine
STI	Sexually-Transmitted Infection
TOT	Training of Trainers
WHO	World Health Organization

SantéNet Project
Performance Monitoring Plan (PMP)

Introduction

The collection and use of information to track program progress and measure its final results are a fundamental component of SantéNet project management. This information is expected to provide insights into the process of program implementation: it will be used to determine whether activities have been undertaken in accordance with initial plans and whether the project objectives have been met. Such information will also provide the basis for measuring the outcomes and impact of the project.

The purpose of the SantéNet Performance Monitoring Plan (PMP) is threefold:

- To provide information to monitor and evaluate SantéNet's annual operational plan;
- To track progress achieved compared to planned activities; and
- To assess the outcomes of the project with respect to the beneficiary population as well as the project's contribution to national level impact.

The PMP describes the approach used to monitor progress toward the SantéNet strategic objective and its four intermediate results. It includes a discussion of the following elements:

1. SantéNet Project Strategic Results Framework
2. Measurement Approach for Contractor Benchmarks
3. Reporting
4. Assumptions and Limitations
5. Monitoring and Evaluation (M&E) Framework

The Strategic Results Framework places the SantéNet interventions within the context of the USAID strategic objectives for the Office of Health Population and Nutrition and describes the relationships between the different intermediate results. This section explains the two levels of indicators used in the PMP and also describes the anticipated project achievements and its technical areas.

The Measurement Approach for Contractor Benchmarks explains the range of Contractor Benchmarks and how these are measured to reflect progress towards and achievement of the strategic objective and intermediate results. It also presents the main definitions guiding baseline and annual progress measurements and outlines the tools, methods and data sources used.

The Reporting section describes the contractual requirements and processes to be followed for USAID/Madagascar, including the frequency, responsibility, and content of each report.

Assumptions and Limitations refer to the external factors that may affect the measurement of results included in the plan and some constraints under which project monitoring is carried out.

The M&E framework is a management tool that summarizes the interrelationships between the strategic objective, intermediate results, performance indicators and data collection plan. This section describes how the tool supports the PMP implementation and explains its utility, contents and possible amendment process.

The SantéNet M&E plan was designed to meet the needs of the different Project stakeholders, including:

- The Ministry of Health and Family Planning (MoH/FP)
- USAID/Madagascar
- Other partner organizations and agencies, including those working under USAID/Madagascar's SO5 expanded program

1. Strategic Results Framework

1.1 USAID Strategic Objective and Intermediate Results

The SantéNet strategic results framework is derived from USAID/Madagascar's Strategic Objective 5 *Use of Selected Health Services and Products Increased and Health Practices Improved* and its four associated intermediate results (Figure 1).

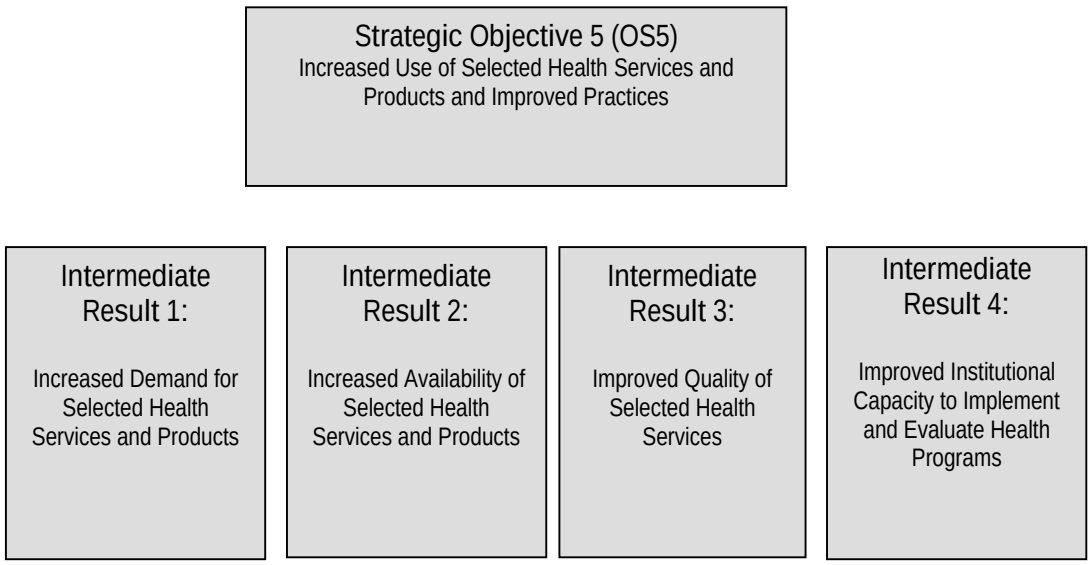

Figure 1. USAID Strategic Results Framework

1.2 SantéNet Project indicators

SantéNet project indicators are derived from and are fitted into the USAID framework in two different levels:

- Strategic Objective-level indicators (SO) measure impact in terms of the use of health services and behavioral changes among the target population. Changes are measured at the population level.

  Indicators will be measured on a national level because technical support provided by the project is intended to influence the general performance of the health system and contribute directly to key national indicators.

  The strategic objective indicators are linked to strategic interventions such as providing communication tools to health centers, improving health system logistics, developing policies, norms and standards, and updating training curricula.

- Intermediate or sub-intermediate results-level indicators (IR and sub-IR) are used to monitor outcomes and outputs within the SantéNet target population: the access and quality of priority health services, the creation of demand for these health services and products, and the capacity of local organizations to carry out health programs and measure their progress. This set of results is directly linked to the project's activities and products.

  Intermediate results or sub-intermediate results-level indicators are directly related to the outcome and outputs of project activities, depending on the level and the nature of interventions. Indicators are either national in scope or limited to the project intervention zones.

  These indicators are directly linked to field activities carried out in the four provinces targeted by the project through the Kôminina Mendrika/*Champion Commune* [KM] approach. These indicators will measure the combined effect of all project interventions: community mobilization, synergy with the Social Marketing program, improved access and quality of services at the health facility level, as well as the collection and use of data for decision making.

  As the KM approach is aimed at building a platform for the development of the commune efforts, the integration of other areas such as biodiversity conservation of biodiversity, economic growth and good governance are envisioned to be able to use the KM as a mechanism platform to reach their respective objectives, thereby encouraging integrated development efforts. However, SantéNet is accountable for the achievement of the health objectives.

- *Table 1.* List of SantéNet indicators

• Strategic Objective-level indicators		
•	SO	1. Contraceptive prevalence rate 2. DPT 3 coverage 3. Vitamin A supplementation 4. Condom use at last sexual rapport with a paying partner 5. Exclusive breastfeeding rate
• Intermediate or sub-intermediate results-level indicators		
•	IR.1	6. Number of communes that achieve health objectives in the Kôminina Mendrika [KM] approach 7. Availability of IEC/CCC minimum package at CSB level 8. Number of communes in vulnerable biodiversity zones that achieve health objectives in the Kôminina Mendrika [KM] approach
•	IR.2	9. Reduction in the number of stockouts of injectable contraceptives at the health center level. 10. Functionality of the refrigerator at the health center level 11. Santénet Champion Communes have an established distribution system for Social Marketing products 12. Number of Social Marketing products sold in SantéNet Champion Communes 13. Proportion of curative consultations provided by CSB in SantéNet Champion Communes 14. DTCHepB3 coverage rate in remote populations of SantéNet Champion Communes 15. Availability of social marketing STI treatment kits at the CSB level
•	IR.3	16. Policies, standards and protocols (PNP) in SantéNet technical areas are updated 17. MOH/FP training curricula updated in each of the SantéNet technical areas 18. Performance standards achieved by practicum sites in SantéNet intervention zones 19. Percent of CSB meeting " Quality CSB " criteria in the champion communes
•	IR.4	20. CSB in SantéNet champion communes produce quality monthly activity reports 21. Use of routine data in the commune level in SantéNet champion communes

The main results expected from project interventions include

- Contribution to measurable increases in USAID Health Population and Nutrition (HPN) indicators related to key services, products and practices at the conclusion of the project
- Improved policies to support Ministry of Health priorities within the scope of SO5
- Effective complement to, and partner with, the government of Madagascar and USAID partners
- Increased capacity of the government of Madagascar to plan, manage and evaluate health activities
- Increased availability, quality and sustainability of health services at the community level
- Lessons learned and best practices from USAID-supported community-based behavior change and communication (BCC) programs in key health domains that are scaled up and institutionalized

Project interventions and anticipated results will be concentrated in the following key health domains: family planning and reproductive health (FP/RH), child health, nutrition, infectious diseases (including malaria) and the prevention and treatment of sexually transmitted infections (STI) and HIV/AIDS.

2. Measurement Approach

2.1 Contractor Benchmarks: Levels and Targets

The SantéNet Project achievements will be measured as changes in key performance areas through the use of contractor benchmarks.

The annual targets proposed for each indicator are based on existing data. Some indicators measuring new approaches, such as Social Marketing products sales in the Champion Communes and the availability of STI treatment kits at health facilities, do not have baseline levels yet and require preliminary surveys. Targets for expected annual progress were projected according to the level of effort that the project intends to provide, taking into account the experience of former projects and prior trends in national data. For the first year of the project (2005) only implementation progress will be assessed for some indicators.

Project indicators use multiple units of analysis, including: individuals (mothers, women of reproductive age, healthcare providers, children under five, community-based distribution agents), households products (condoms, Sur Eau, bednets), services (antenatal care services, family planning services), facilities/institutions (clinical training sites, NGOs, government institutions, health centers), learning/technical resources (curricula, policies, norms and standards), documents (workplans, HMIS reports), and geographic units (country, province commune).

In addition to tracking the contractor benchmark indicators described above, SantéNet will assess the effectiveness of its own internal management by collecting data pertaining to timeliness of activities and outputs and compliance with the workplan.

2.2 Methods and Tools

Methods for collecting baseline and follow-up data include: review of secondary data sources including routine HMIS data; collection of primary data through special studies and assessment activities using such methods as key informant interviews, standardized clinical observations, and questionnaires; and review of documents and reports.

- Secondary data will be used to monitor progress at the SO level for indicators concerning behavior change and utilization of key health care products and services. In order to ensure that data used for performance monitoring are reliable, SantéNet will use data from national surveys. To the extent possible, the DHS 2003-2004 as well as the DHS planned for 2008 will be used as reference sources for establishing baseline and monitoring data. Other national level surveys will also be used, including the behavioral survey carried out by FHI and the inventory status assessment carried out by the Policy Project.

  In keeping with the SantéNet Project's mandate to collaborate closely with partner agencies in order to maximize resources and prevent duplication of effort, SantéNet will rely on secondary data already being generated by those partners whose area of operation overlaps with SantéNet Project areas in order to measure progress for common indicators. For example, PSI has agreed to share its social marketing sales data with SantéNet. The Ministry of Health has also permitted SantéNet to have access to the service statistic data available through its Health Management Information System (HMIS), enabling SantéNet to monitor utilization of services in priority health areas.

  Routine data used in this PMP are based on curative consultations at the CSB level and the follow-up of advanced/mobile strategies of the Expanded Program of Immunization (EPI). SantéNet considers that these are currently the two most reliable types of information in the health management information system. They are used to evaluate improvements in access to care among both the general population and underserved population.

- Special surveys will be necessary to supply primary data on annual progress in SantéNet's participating communes, including:

  - An *annual population-based survey* in USAID target areas to fill the vacuum between the 2003/4 and 2008 DHS surveys, mainly for follow-up at the Strategic Objective level. The possibility of conducting this survey will be discussed with USAID. LQAS - stratified according to implementing partner - household

  - A *national level survey* focused on health centers will be carried out by SantéNet. The sampling methodology will ensure on a national representation in order to evaluate the availability of key products (IEC tools, contraceptives and STI kits) and the functioning of the cold chain at the CSB level. Will be done w/ AED/Giles

  - *Rapid assessment techniques* will be used in the Champion Communes to evaluate progress on key indicators in each participating commune. Cluster sample household survey

- *Key informant interviews* will be used to collect data from training institutions level and program managers of the Ministry of Health and Family Planning. Information on the training curricula of formation use and revision Policies, Standards and Protocols process are targeted by this method.

- *Standardized clinical observations* are used with the CSB providers to evaluate the level of the quality provisions services. The tools used form an integral part of the quality of care improvement approach.

- Project documents from SantéNet partners will supply additional information on project outputs. To facilitate the collection of these data, SantéNet will create standardized reporting formats/templates that can be used by project staff for further analysis and report generation. For example, to track the number of clinicians trained in priority health areas and those performing to standard at baseline and follow-up, the project will use information from JHPIEGO's Training Information Monitoring System (TIMS). This system uses participant tracking forms (self-administered questionnaires) which are later entered into a custom-designed ACCESS database.

The principal data sources for the PMP include the following:

- DHS (2003/4 and 2008)
- Behavioral Surveillance Survey (BSS) every 2 years
- MOH/FP Routine Reporting System
- USAID Annual Household Survey (TBD)
- SantéNet facility assessment (national)
- SantéNet rapid survey in communes included in the Champion Communes approach
- Health center quality assessments in communes included in the Champion Communes approach
- Sales point data on Social Marketing products in communes included in the Champion Communes approach

3. Reporting

Reports will be submitted to USAID twice a year. The following table provides information on the content, timing and individuals in charge of each report.

Table 2. **Summary of SantéNet reporting to USAID/Madagascar**

Report	Responsible	Content	Timing
Mid-year progress report	SantéNet M&E specialist and IR team leaders	Information on timeliness of activity implementation, products and achievements, conformity to work plans, obstacles encountered in implementation, plans for the next six months	End of second quarter
Annual progress report	SantéNet M&E specialist and IR team leaders	Summary of contractor's benchmark achievements during fiscal year and explanations for any shortfalls	End of fourth quarter

Compiling and synthesizing data on activities and outputs for the semi-annual report will be the responsibility of the I.R. team leaders for their respective I.R.s. Each team leader will prepare and submit an IR activity report to the SantéNet Monitoring and Evaluation Specialist for integration into the semi-annual report. The Regional Program Coordinator will also prepare an activity report for this purpose, by I.R., based on reports submitted by each of the four regional representatives based in the field.

The collection, analysis and aggregation or disaggregation of data for the generation of annual progress reports on contractor benchmark indicators will be the responsibility of multiple project management staff (as indicated in the M&E framework), with each I.R. team leader overseeing the process for contractor benchmarks under his/her I.R. The SantéNet Project Monitoring and Evaluation Specialist will in turn integrate information compiled by each of the four I.R. teams into the annual progress report. The M&E Specialist will be responsible for verifying the quality of the data submitted for reporting and ensuring that the data are accurately analyzed and interpreted.

Final review and approval of all progress reports prior to submission to USAID will be the responsibility of the Chief of Party.

4. Assumptions and Limitations

4.1. Assumptions

The ability to achieve results under the SantéNet Project and the feasibility of collecting data on contractor benchmarks are dependent upon a number of assumptions, including the continued collaboration of partner agencies and their contributions to the monitoring of contractor benchmarks. These also depend on continued political stability. For example, project results under I.R. 3 in particular are dependent in part upon endorsement of the national core curricula for medical and nursing schools and the PNPs by the Ministry of Health.

4.2 Limitations

Limitations of the performance monitoring plan include the dependence of SantéNet upon its partners for data on select contractor benchmarks. The intervention areas of SantéNet and its partners may not coincide exactly and the timing of the partners' data collection activities may not be optimal for SantéNet reporting purposes. In addition, some partners' activities may come to an end during the middle of the SantéNet's contract.

Questionable quality of routine data, incomplete reports, and lack of available information from the MoH/FP's HIS are other factors that may limit SantéNet's ability to identify improvements in service usage in its intervention areas. Other limitations are identified in the Performance Indicator Reference Sheets for each indicator.

5. Monitoring and Evaluation Framework

The M&E Framework is a management tool intended to support the overall implementation of the Performance Monitoring Plan. It summarizes the relationships between the strategic objective, intermediate results, contractor benchmarks, measurement indicators, data collection program, definitions and calculation methods, data sources and needs, data collection frequency, and individuals in charge of collecting or obtaining data.

The M&E Framework is dynamic in its design. The SantéNet team will regularly review the M&E framework to assess progress according to the contractor benchmarks and the projected results/goals. If an indicator or its target should be modified to take into account changing needs during the life of the project, SantéNet will consult with USAID and will document any change made in its reports.

Performance Indicator Reference Sheets

Name of strategic objective :	SO 5 : Increased use of Selected Health Services and Products and Improved Practices			
Indicator # 1 :	Contraceptive prevalence rate			
Definition :	Proportion of women in union age 15-49 who are using (or whose partner is using) a modern method of contraception. Modern methods include oral contraceptives, injectables, implants, male condoms, IUD, male and female sterilization, vaginal foaming tablets.			
Calculation method :	Numerator : # women in union age 15-49 who are using (or whose partner is using) a modern method of contraception Denominator : total # women in union age 15-49 surveyed			
Unit of measure :	Percent of women in union age 15-49			
Justification and management utility :	CPR provides a measure of population coverage of current contraceptive use, taking into account all sources of supply and all modern contraceptive method. It is the most widely reported outcome measure for family planning programs at the population level			
Geographic focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes			
Data collection method :	Data analysis from the national DHS survey *and* random household rapid survey (TBD with USAID)			
Source of data:	☑ DHS ☑ USAID Annual Household Survey (TBD) ☐ USAID facility based survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____			
Frequency/ Timing of data acquisition	DHS every 5 years USAID Annual Household Survey every year (TBD)			
Individual(s) responsible :	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist			
Known data limitations and Assumptions	Assumes USAID will conduct annual survey and data will be produced as scheduled. If survey is not conducted, then will use routine data at CSB level provided by MOH/FP reporting routine system Under reporting can occur when specific methods are not mentioned by the interviewer. This is especially true with the use of male or female sterilization.			
Performance indicator values	2005	2006	2007	2008
	19.3%	20.6%	21.9%	23.2%
Notes on Baselines/ Targets: 2005 baseline from the 2003-2004 DHS (18%); increments of 1.3% per year based on 1997 DHS (CPR of 9.7%), based on past data and trends.				

Performance Indicator Reference Sheets

Name of strategic objective :	SO 5 : Increased use of Selected Health Services and Products and Improved Practices			
Indicator # 2	DPT 3 coverage			
Definition :	Proportion of children aged 12-23 months who received the full series of immunizations for Diphteria, Pertussis, Tetanus before age 12 months			
Calculation method :	Numerator: # children 12-23 months who received three doses of DPT vaccine before 12 months Denominator: total # children 12-23 months surveyed			
Unit of measure :	Percent of children aged 12-23 months			
Justification and management utility :	DPT 3 is one of the best measures of the performance of the immunization program. It also serves as a proxy for full immunization coverage. This indicator is helpful in validating the quality of the routine reporting system and is an important indicator to measure the incremental progress of the immunization program towards national coverage goals.			
Geographic focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes			
Data collection method :	Data analysis from the national DHS survey *and* random household rapid survey (TBD with USAID)			
Source of data:	☑ DHS ☑ USAID Annual Household Survey (TBD) ☐ USAID facility based survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____			
Frequency/ Timing of data acquisition	DHS every 5 years USAID Annual Household Survey every year (TBD)			
Individual(s) responsible :	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist			
Known data limitations and Assumptions	Assumes USAID will conduct annual survey and data will be produced as scheduled. If survey is not conducted, then will use routine data at CSB level provided by MOH/FP reporting routine system			
Performance indicator values	2005	2006	2007	2008
	63.3%	65.3%	67.3	69.3%
Notes on Baselines/ Targets: 2005 baseline from the 2003-2004 DHS (61.3%); targeted increments of 2% per year based on past data and trends, assuming the same level of effort and national inputs.				

Performance Indicator Reference Sheets

Name of strategic objective :	SO 5 : Increased use of Selected Health Services and Products and Improved Practices			
Indicator # 3	Vitamin A supplementation coverage			
Definition :	Proportion of children aged 6-59 months who received a high dose (6-12 months: 100,000 IU; 12-59 months: 200,000 IU) of Vitamin A supplementation in the last six months			
Calculation method :	Numerator : # children aged 6-59 months who received Vitamin A supplementation in the last six months Denominator: total # children aged 6-59 months surveyed			
Unit of measure :	Percent of children aged 6-59 months			
Justification and management utility :	This indicator measures the coverage achieved through the national Vitamin A program effort in a specified period. Supplementation is the most immediate and direct approach for improving Vitamin A status and the most widely implemented			
Geographic focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes			
Data collection method :	Data analysis from the national DHS survey *and* random household rapid survey (TBD with USAID)			
Source of data:	☑ DHS ☑ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____			
Frequency/ Timing of data acquisition	DHS every 5 years USAID Annual Household Survey every year (TBD)			
Individual(s) responsible :	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist			
Known data limitations and Assumptions	Assumes USAID will conduct annual survey and data will be produced as scheduled. If survey is not conducted, then will use routine data at CSB level provided by MOH/FP reporting routine systemIndicator is a coverage indicator and does not provide any information on the prevalence of Vitamin A deficiency			
Performance indicator values	2005	2006	2007	2008
	76%	79%	82%	85%
Notes on Baselines/ Targets: 2005 baseline from the 2003-2004 DHS (76%); targeted increments of 3% per year based on trends, assuming the same level of effort and national inputs.				

Performance Indicator Reference Sheets

Name of strategic objective :	SO 5 : Increased use of Selected Health Services and Products and Improved Practices			
Indicator # 4:	Condom use at last sexual rapport with a paying partner among youth and commercial sex workers			
Definition :	Proportion of "high risk people" using condoms during the last sexual rapport with a paying partner. "High risk people" include youth aged 15-24 (men, women) and commercial sex workers Paying means any form of remuneration including gifts, money, food, protection etc.			
Calculation method :	Numerator : # respondents who report using a condom the last time they had sex with a paying partner Denominator: total # respondents who report having sex with paying partner in the last month (commercial sex workers) and the last 12 months (youth)			
Unit of measure :	Percent of high risk people			
Justification and Management Utility :	Although AIDS programs try to reduce casual partnerships, they must also, if they are to successfully control the epidemic, promote condom use in the casual partnerships that remain. This indicator tracks changes in condom use in these partnerships. A rise in the indicator is an extremely powerful indication that condom promotion campaigns are having the desired effect among their principal target market.			
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes			
Data collection method :	Population based, targeted survey			
Source of data:	☑ DHS uncheck this ☑ USAID household Survey (TBD) annual ☐ USAID facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☑ Behavioral Surveillance Survey (BSS) every 2 years check this ☐ Others : _____			
Frequency/ Timing of data Acquisition	Every 2 years			
Individual(s) responsible :	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist			
Known Data Limitations and Assumptions (if any):	Inherent reporting bias in surveys that ask about sexual behavior; Risk of misclassification on how young women determine a paying and not paying partner Assumes BSS will be conducted every 2 years.			
Performance indicator values	2004	2006	2007	2008
	Women 15-24 = 20%	24%	--	30%
	Men 15-24 = 24%	30%	--	40%
	CSW = 76%	80%	--	85%
Notes on Baselines/ Targets: 2005 baseline from the 2004 BSS				

Performance Indicator Reference Sheets

Name of strategic objective :	SO 5 : Increased use of Selected Health Services and Products and Improved Practices			
Indicator # 5	Exclusive breastfeeding rate			
Definition :	Proportion of infants under 6 months who are being exclusively breastfed. Exclusive breastfeeding is the practice of giving only breast milk to the infant, with no other solid or liquids, including water.			
Calculation method :	Numerator : # infants 0 -<6 months who are being exclusively breastfed Denominator: total # of children infants 0 -<6 months surveyed			
Unit of measure :	Percent of infants 0 - <6 months			
Justification and Management Utility :	Exclusive breastfeeding for 6 months has a strong protective effect against diarrhea morbidity and mortality.			
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes			
Data collection method :	Data analysis from the national DHS survey *and* random household rapid survey (TBD with USAID)			
Source of data:	☑ DHS ☑ USAID Annual Household Survey (TBD) ☐ USAID facility based survey (TBD) ☐ SantéNet facility based survey ☑ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____			
Frequency/ Timing of data Acquisition	DHS every 5 years USAID Annual Household Survey every year (TBD)			
Individual(s) responsible :	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist			
Known Data Limitations and Assumptions (if any):	Assumes USAID will conduct annual survey and data will be produced as scheduled. If survey is not conducted, then will use routine data at CSB level provided by MOH/FP reporting routine system This requires a 24 hour recall of food consumption of infants less than 6 months of age (though it may slightly overestimate the proportion of exclusively breastfed infants because some infants who are given other liquids irregularly may not have received them in the 24 hours before the survey)			
Performance indicator values	2005	2006	2007	2008
	67%			70%
Notes on Baselines/ Targets: 2005 baseline from the 2003-2004 DHS. 70% already is a high level of coverage that needs to be maintained.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 1: Increased Demand for Selected Health Services and Products IR 1.1: Community mobilization for selected health services and products improved IR 1.4: Demand for STI/AIDS prevention services and products increased IR 4: Institutional capacity to implement and evaluate health programs improved IR 4.3: NGOs' capacity to implement health programs improved. IR 4.4: Capacity for civil society to advocate for public health issues increased
Indicator # 6 :	Number of communes utilizing the Kôminina Mendrika [KM] approach that achieve health objectives (USAID indicator # 5.1.3)
Definition :	Number of communes in SantéNet intervention communes that have obtained « Champion Commune » status. The criterion for obtaining this status is: commune must meet the defined objectives for its selected indicators within a set time period. The « Champion Commune » is an approach carried out in selected communes to mobilize key actors from the government and civil society to achieve common goals. First, based on data from a needs assessment, each commune chooses a series of priority health indicators (from a menu of 10 proposed indicators) and sets objectives to be reached over a 12 month period. The commune then implements health promotion and other activities with the participation of at least 75% of its villages. The commune obtains the title of "Champion Commune" if, at the end of the 12 month cycle, it meets the pre-defined objectives.
Calculation method :	Counting the number of communes having met the criteria set for the champion commune
Unit of measure :	Number of Communes
Justification and Management Utility :	The Champion Commune approach is the cornerstone of SantéNet's community activities. Although the activities are mainly directed toward demand creation, the approach unites several aspects of the program, including activities intended to increase the availability of social marketing products, improve the quality of care at the CSB level and motivate the communities to advocate for their health. Self governance – participatory approach to determining whether commune meets criteria for KM status.
Geographic Focus:	☐ National ☑ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes
Data collection method :	Track and review routine data and reports from each commune to determine whether they have met the established criteria for a Champion Commune. Follow-up and evaluation will use data from routine system.
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☑ SantéNet rapid survey in Champion communes ☑ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☑ Others : report by Kôminina Mendrika evaluation team
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Voahirana Ravelojaona : Regional programs Coordinator Elysée Ramamonjisoa: Community mobilization specialist
Known Data Limitations and Assumptions	This indicator is used to measure whether sufficient effort has been provided by participating communes to reach their stated objectives taking into account the inputs supplied, the scale of the objectives and the particular context of the commune. It cannot be used to determine the impact of the intervention on the health of the population nor can it be used to make comparisons across communes (the objectives

	are not standardized across communes but rather chosen and negotiated with the partners of each participating commune).			
Performance indicator values :	2005	2006	2007	2008
	- Development of concept model and technical framework for SantéNet Champion Commune approach. - Development of tools to implement the Champion Commune approach: social marketing kit; mass media/radio kit and interpersonal communication kit, including the trainer's guides for community-based agents. - Development and circulation of request for proposal to partners for implementing the approach - Review of proposals and selection of partners for the implementation - Development and signing of partner contracts - Implementation of the approach in 80 communes in the selected partners intervention areas	- 64 communes from 2005 reaching 1st level of KM status and involved in next step - Implementation of KM approach in 100 new communes	- 51 communes from 2005 reaching 2nd level of KM status and involved in next step - 80 communes from 2006 reaching 1st level of KM status and involved in next step - Implementation of KM approach in 120 new communes	- 41 communes from 2005 3rd level of KM status - 64 communes from 2006 reaching 2nd level of KM status - 96 communes from 2007 reaching 1st level of KM status
Notes on Baselines/ Targets: This indicator is based on the SantéNet work plan: 75 new communes will be involved each year over 4 years. According to the experience of prior USAID projects, 80% of participating communes will reaching the champion commune status.				

Performance Indicator Reference Sheets

Name of strategic objective :	**IR 1: Increased Demand for Selected Health Services and Products** IR 1.1: Community mobilization for selected health services and products improved IR 1.4: Demand for STI/AIDS prevention services and products increased
Indicator # 7 :	Availability of IEC/CCC minimum package at CSB level
Definition :	Proportion of CSB that have the minimum package of IEC/BCC materials available for the SantéNet technical areas: family planning and reproductive health (FP/RH), Integrated Management of Childhood Illnesses (IMCI), Nutrition, Malaria, STI/HIV/AIDS. "Available" means at least one copy on hand and on display at the time of verification.
Calculation method :	Numerator: # CSB that have the minimum package of IEC/BCC materials available for the SantéNet technical areas. Denominator: # of community health centers surveyed
Unit of measure :	Percentage of community health centers
Justification and Management Utility :	In order to facilitate health promotion and behavior change activities at the CSBs level, and to equip the community animators with tools for sensitizing community members, SantéNet works through the MOH/FP Committee on Communication and Community Mobilization, to design, develop and diffuse communication tools. Based on an inventory and analysis of existing IEC/BCC materials, the contents of the minimum package will be defined with the Committee on Communication and Community Mobilization. Where necessary, existing materials will be updated according to current health policies and norms before the materials are produced and distributed.
Geographic Focus:	☑ National ☑ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes
Data collection method :	Random national facility based survey with sampling designed to stratify by provinces
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☑ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Elysée Ramamonjisoa: Community mobilization specialist Aimé Randriamanalina: Behavior change communication specialist
Known Data Limitations and Assumptions	The distribution strategy developed with the Committee on Communication and Community Mobilization and other partners functions well and once produced the minimum package of IEC/BCC materials is delivered to the CSB level.

<table>
<tr><td rowspan="2">Performance indicator values :</td><td>2005</td><td>2006</td><td>2007</td><td>2008</td></tr>
<tr><td>- Inventory and analysis of existing IEC/BCC health materials
- Identification of the contents of the minimum package based on above analysis
- Updated materials or development of new IEC/BCC materials
- Development and implementation of distribution strategy for the CSB</td><td>- 60% of CSB in SantéNet target areas (ex-provinces of Antananarivo, Fianarantsoa, Toamasina, Toliary) have the minimum package of IEC/BCC materials available</td><td>- 80% of CSB in SantéNet target areas (ex-provinces of Antananarivo, Fianarantsoa, Toamasina, Toliary) have the minimum package of IEC/BCC materials available
- 70% of CSB in the 2 remaining ex-provinces have the minimum package of IEC/BCC materials available</td><td>- 90% of CSB in SantéNet target areas (ex-provinces of Antananarivo, Fianarantsoa, Toamasina, Toliary) have the minimum package of IEC/BCC materials available
- 80% of CSB in the 2 remaining ex-provinces have the minimum package of IEC/BCC materials available</td></tr>
<tr><td colspan="5">Notes on Baselines / Targets: The target for this indicator is availability of IEC/BCC materials in all health centers for the whole country. According to preliminary interviews with key advisors from the MOH/FP (from both Nutrition Services and Vaccination Service), this target is both realistic and ambitious.

In 2006, the target of 60% is limited to CSB in the 4 provinces covered by the SantéNet project (Antananarivo, Fianarantsoa, Toamasina, Toliary). For the remaining 2 years, the dissemination of the minimum package of IEC/CCC will include the other 2 provinces of Madagascar.</td></tr>
</table>

Performance Indicator Reference Sheets

Name of strategic objective :	**IR 1: Increased Demand for Selected Health Services and Products** IR 1.3: Demand for selected health services and products in priority conservation areas increased
Indicator # 8 :	Number of communes in vulnerable biodiversity zones utilizing the Kôminina Mendrika [KM] approach that achieve health objectives
Definition :	Number of Communes in vulnerable biodiversity zones that obtain « Champion Commune » status, according to the same criteria defined in indicator # 6. Vulnerable biodiversity zones are defined as those areas that are in, that surround or that directly affect protected areas – all communes that abut the forest plus all communes that influence the biodiversity through migration, high sales/demand for charcoal due to high population (peri urban or urban)
Calculation method :	Counting the communes in the vulnerable biodiversity zones that meet the established criteria for a champion commune (detailed above for indicator # 6)
Unit of measure :	Number of Communes
Justification and Management Utility :	This indicator will be used to track the level of integration of the SantéNet Project activities in areas where the populations is directly and strongly indirectly with the problems of biodiversity conservation (Health / Environment)
Geographic Focus:	☐ National ☑ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes
Data collection method :	Track and review data and reports from each commune to determine whether they have met the established criteria for a Champion Commune
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☑ SantéNet rapid survey in Champion communes ☑ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☑ Others : Reports from MISONGA, ERI and Alliance Eco-Régionale
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Voahirana Ravelojaona : Regional programs Coordinator Elysée Ramamonjisoa: Community mobilization specialist
Known Data Limitations and Assumptions	The vulnerable biodiversity zones need to be well defined and identified in order to apply this indicator. Assumes readiness of environmental implementing partners at the appropriate moments during the KM implementation cycle.

Performance indicator values :	2005	2006	2007	2008
	- Definition and identification of vulnerable biodiversity areas according to SO6 team: "communes either abutting or indirectly affecting a protected zone" - Development of concept model and technical framework for SantéNet Champion Commune approach. - Development of tools to implement the Champion Commune approach: social marketing kit; mass media/radio kit and interpersonal communication kit, including the trainer's guides for community-based agents. - Development and circulation of request for proposal to partners for implementing the approach - Review of proposals and selection of partners for the implementation - Development and signing of partner contracts - Implementation of the approach in TBD communes defined as vulnerable biodiversity areas	10	TBD	TBD
Notes on Baselines / Targets: The number of communes where the SantéNet Champion Commune approach will be initiated will be determined when the vulnerable biodiversity zones have been defined by the USAID SO6 team.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 2: Increased Availability of Selected Health Services and Products IR 2.1: Logistics system for public sector improved			
Indicator # 9 :	Reduction in the number of stockouts of injectable contraceptives at the health center level. (USAID indicator # 5.2.1)			
Definition :	Percentage of CSBs reporting one stockout of injectable contraceptives (Depo Provera) in the last 12 months. A "stockout" is defined as the absence of a product that is supposed to be on hand at a given time.			
Calculation method :	Numerator: # of health centers with one stockout of Depo Provera in the last 12 months Denominator: total # of health centers surveyed			
Unit of measure :	Percentage of health centers			
Justification and Management Utility :	This indicator measures product availability over a period of time and serves as a proxy indicator of the ability of a program to meet client's needs with a full range of products and services. Further, a low percentage of stockouts is indicative of a successful logistics management system. Using data over 12 month period allows evaluators to consider seasonal variations in product use. Injectable contraceptives are the most widely used method of modern contraceptive by women in union in Madagascar. According to EDS 2003-2004, 10% out of the 18% of women in union using modern methods use injectable contraceptives. This indicator assumes that a stockout in Depo-Provera would imply an advanced problem of availability of all contraceptive products.			
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes			
Data collection method :	Random facility based survey			
Source of data:	☐ DHS ☐ USAID Annual Household Survey ☑ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____			
Frequency/ Timing of data Acquisition	Annual			
Individual(s) responsible :	Avotiana Rakotomanga: System management Health Support responsible			
Known Data Limitations and Assumptions	Facilities can avoid stockouts by rationing supplies; therefore this indicator should be used in conjunction with data on current stock status and drug expiration dates.			
Performance indicator values :	2005	2006	2007	2008
	12%	10%	8%	6%
Notes on Baselines / Targets: the 2005 baseline is based on results from a national assessment carried out by the Policy Project in 2003. SantéNet aims at a 2% annual reduction of Depo Provera stockouts in the CSB.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 2: Increased Availability of Selected Health Services and Products IR 2.1: Logistics system for public sector improved
Indicator # 10 :	Functionality of the cold chain at the health center level (USAID indicator # 5.3.4)
Definition :	Percentage of CSBs with a functioning cold chain. A cold chain is considered "functional" if: 1. The temperature is monitored daily during last 6 months and the temperatures are in the range of +2ºC and +8ºC. 2. The stock of vaccine is sufficient until the next supply scheduled by the district level arrives (usually 1 month) Both criteria and their combination will be monitored
Calculation method :	Numerator: # of health centers that meet he criteria Denominator: total # of health centers surveyed.
Unit of measure :	Percentage of health centers
Justification and Management Utility :	This indicator measures both the availability of vaccines and the storage conditions necessary to protect the integrity of biological products The cold chain is one of the most sensitive links of the EPI, and therefore its evaluation is an important indicator of the quality of the logistics system.
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes
Data collection method :	Use of assessment tool designed by WHO and UNICEF, called **"Vaccine Management Assessment" [VMA].** The tool is used annually by the MOH/FP to monitor the EPI program at all levels. For this indicator, SantéNet will extract the data from the health centers. The selection of districts and sites is based on DTC3 coverage (1/3 above the mean, 1/3 approximately equals and 1/3 below). The whole process of assessment includes field visits, collection and analysis of existing data, Observations and discussions with health workers.
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ USAID facility based Survey (TBD) ☐ SantéNet facility based survey ☑ Annual VMA study ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Josoa Ralaivao: Health systems access Specialist
Known Data Limitations and Assumptions	Two conditions are essential for the functioning cold chain: available fuel to run generator and the regular maintenance of the refrigerator by the individuals in charge. The availability of vaccines depends partly on other partners such as UNICEF who provides vaccines. The quantity available at the peripheral level might also be influenced by other factors such as national campaigns

Performance indicator values :	2005	2006	2007	2008
– Temperature monitored daily and in the range of +2ºC and +8ºC.during last 6 months	TBD	TBD	TBD	TBD
– The stock of vaccine sufficient until the next supply scheduled by the district level arrives	TBD	TBD	TBD	TBD

Notes on Baselines / Targets:

The result of 2003 VMA were: 12% CSBs with temperature monitored daily and in the range of +2ºC and +8ºC during last 6 months and 72% CSBs with stock of vaccine sufficient until the next supply scheduled by the district level arrives.

2005 VMA is being carried out in October 2005 and will be used as baseline.

Annual progress will be defined by the trends between VMA 2003 and VMA 2005

Performance Indicator Reference Sheets

Name of strategic objective :	IR 2: Increased Availability of Selected Health Services and Products IR 2.2: Wholesale and retail network of social marketing products expanded
Indicator # 11 :	SantéNet Champion Communes have an established distribution system for Social Marketing products
Definition :	Number of Champion Communes having an established distribution chain for Social Marketing products. A complete chain of distribution means at least one Community Based Sales Agent trained and functioning in at least 75% of the fokontany. The functionality of CBS is measured by a least one request of restock during the KM cycle
Calculation method :	Counting the number of community sales agents trained by SantéNet partners, in collaboration with SantéNet, who requested a restock during the cycle in the Champion Communes
Unit of measure :	Numbers of communes having a social marketing sales system meeting the above criteria
Justification and Management Utility :	The wholesale and retail distributors of Social Marketing products will be included in order to increase the availability of products at the Commune level. They will be used both as points of purchase for direct customers and points of sale for the community sales agents.
Geographic Focus:	☐ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☑ Champion Communes
Data collection method :	Track and review SantéNet and NGOs reports for each commune
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years Others: - NGOs training reports - AVBC sales reports - Trainet for the formed AVBC
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Bonaventure Rakotomalala : Private Sector Specialist
Known Data Limitations and Assumptions	Achieving these targets depends on the ability of PSI to provide the start-up stock intended for the community agents

Performance indicator values :	2005	2006	2007	2008
	- Training of community sales agents in 80 communes involved in the KM approach	- 64 Champion Communes from 2005 have an established distribution chain for Social Marketing products - Training of community sales agents in 100 new communes involved in the KM approach	- 80 Communes from 2006 have an established distribution chain for Social Marketing products - Training of community sales agents in 120 new communes involved in the KM approach	- 96 Communes from 2007 have an established distribution chain for Social Marketing products
Notes on Baselines / Targets: The annual objectives are based on the estimate that 80% of the communes participating in the Champion Commune approach (indicator # 6) will establish a distribution chain for Social Marketing products.				

Performance Indicator Reference Sheets

<table>
<tr><td>Name of strategic objective :</td><td colspan="4">IR 2: Increased Availability of Selected Health Services and Products
IR 2.2: Wholesale and retail network of social marketing products expanded
IR 2.5: Water resource Management for households improved</td></tr>
<tr><td>Indicator # 12 :</td><td colspan="4">Number of Social Marketing products sold in SantéNet Champion Communes</td></tr>
<tr><td>Definition :</td><td colspan="4">Number of Social Marketing products sold through the commune-level points of saleset up in the Champion Communes. Products include: Protector Plus®, Sur'Eau®, Pilplan®, Super Moustiquaire® and Palustop®</td></tr>
<tr><td>Calculation method :</td><td colspan="4">Counting the number of each product sold at the points of sale in the champion communes</td></tr>
<tr><td>Unit of measure :</td><td colspan="4">Number of products sold</td></tr>
<tr><td>Justification and Management Utility :</td><td colspan="4">This indicator measures the availability of social marketing products in the commune-level points of sale and is used as a proxy indicator for the demand and use of these products. The value added that SantéNet brings to the expansion of the network consists of complementing this intervention with the promotion of sales through noncommercial distribution.
The items included in this indicator are the key products linked with SantéNet technical areas, including the area of household water management (fight against the diarrhea with the promotion of Sur'Eau®)</td></tr>
<tr><td>Geographic Focus:</td><td colspan="4">☐ National
☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina)
☑ Champion Communes</td></tr>
<tr><td>Data collection method :</td><td colspan="4">Track and review SantéNet and PSI reports for each commune</td></tr>
<tr><td>Source of data:</td><td colspan="4">☐ DHS
☐ USAID Annual Household Survey (TBD)
☐ SantéNet facility based survey
☐ SantéNet rapid survey in Champion communes
☐ Routine Reporting System
☐ Health Center Quality Assessment
☐ Behavioral Surveillance Survey (BSS) every 2 years
☑ Others: AVBC sales reports</td></tr>
<tr><td>Frequency/ Timing of data Acquisition</td><td colspan="4">Annual</td></tr>
<tr><td>Individual(s) responsible :</td><td colspan="4">Bonaventure Rakotomalala, Private Sector Specialist</td></tr>
<tr><td>Known Data Limitations and Assumptions</td><td colspan="4">The validity of the indicator is based on the assumption that a stock turnover will begin among community sales agents in 2006 (i.e. the initial lot is consumed and the agents are restocked at the commune-level points of salebeginning in 2006).</td></tr>
<tr><td rowspan="7">Performance indicator values :</td><td>2005</td><td>2006</td><td>2007</td><td>2008</td></tr>
<tr><td rowspan="6">- Training of community sales agents
- Installation of commune-level points of sale</td><td>Protector Plus® : TBD</td><td rowspan="6">annual increase of 25% of sales compared to the previous year (2006) for each product</td><td rowspan="6">annual increase of 25% of sales compared to the previous year (2007) for each product</td></tr>
<tr><td>Sur'Eau® : TBD</td></tr>
<tr><td>Pilplan® : TBD</td></tr>
<tr><td>Super Moustiquaire: TBD</td></tr>
<tr><td>Palustop ® : TBD</td></tr>
<tr><td colspan="5">Notes on Baselines / Targets: Data from 2006 will be collected the moment activities begin in each Commune and will reflect the amount of products that are truly sold during the year.</td></tr>
</table>

Performance Indicator Reference Sheets

Name of strategic objective :	IR 2: Increased Availability of Selected Health Services and Products IR 2.3: Availability of selected health services for underserved populations increased			
Indicator # 13 :	Proportion of curative consultations provided by CSB in SantéNet Champion Communes			
Definition :	Utilisation rate of curative consultations in the CSB in communes receiving the Santénet Champion Commune intervention. The curative consultations measured by this indicator are the number of all new cases seen in the CSB compared to the total population covered by the CSB.			
Calculation method :	Numerator: total # of all new cases (for all categories of problems) seen in external consultations at the CSB Denominator: total # of population covered by the CSB			
Unit of measure :	Percentage of new cases seen in the CSB			
Justification and Management Utility :	The implementation of the basic medical coverage strategy consists of removing financial barriers to health services from the most vulnerable populations, as economic barriers are of primary concern to the MOH/FP. Curative consultation requires out-of-pocket payment, while most primary health care services are free of charge or heavily subsidized. The achievement of this objective will be measured by the increase in the average number of curative consultations at the CSB level in the champion communes, where equity funds and *mutuelles* are being piloted			
Geographic Focus:	☐ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☑ Champion Communes			
Data collection method :	Track and review data from the routine reporting system			
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☑ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____ ☐			
Frequency/ Timing of data Acquisition	Annual			
Individual(s) responsible :	Josoa Ralaivao: Health systems access Specialist			
Known Data Limitations and Assumptions	Other barriers to accessing curative health services (distance to health center, availability of staff, operating hours) may also impact utilization rates.			
Performance indicator values :	2005	2006	2007	2008
	TBD 2004 national average Research in progress			
Notes on Baselines / Targets: Baseline levels will be based on data from a national survey conducted in 2004; the remaining targets through 2008 will be defined when these baseline data are available.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 2: Increased Availability of Selected Health Services and Products IR 2.3: Availability of selected health services for underserved populations increased			
Indicator # 14 :	DTCHepB3 coverage rate in remote populations of SantéNet Champion Communes			
Definition :	Proportion of children under 12 months living more than 5 km from a CSB, vaccinated in DTCHepB3 during advanced/mobiles strategies in the SantéNet Champion Communes. The population living more than 5 km from a CSB is considered to be an underserved population because it is specifically targeted by the MOH/FP advanced strategies (mobile clinics).			
Calculation method :	Numerator: # of children under 12 months living more than 5 km from a CSB, vaccinated in DTCHepB3 during advanced/mobiles strategies in the Santenet champion communes Denominator: total # of children under 12 months living more than 5 km from a CSB in the same communes Each CSB has a coverage map which measure approximate distance to each village, # of population and target EPI population. Denominator will be calculated, based on each of these data.			
Unit of measure :	Percentage of children under 12 months living more than 5 km from a CSB in SantéNet champion communes			
Justification and Management Utility :	Vaccination activities are the principal activities carried out through MOH/FP advanced (mobile) strategies. This indicator is used as a proxy indicator for the availability of primary health services for underserved populations. It applies to rural and peri-urban areas			
Geographic Focus:	☐ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☑ Champion Communes			
Data collection method :	Track and review EPI pre report at the CSB level			
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☑ Others : EPI Pre-report and CSB coverage maps			
Frequency/ Timing of data Acquisition	Annual			
Individual(s) responsible :	Josoa Ralaivao: Health systems access Specialist			
Known Data Limitations and Assumptions	Data are difficult to find because the routine system does not include separate report for mobile strategies. As reliable data source, only the EPI pre report, where the number of children vaccinated at the time of the advanced strategies is reported, can be used. The other data source is the infantile card where the residence of the child is written. This requires a visit at the CSB level to check these cards in order to count the number of children living beyond 5Km vaccinated in DTC 3.			
Performance indicator values :	2005	2006	2007	2008
	TBD 2004 national average (Research in progress.)			
Notes on Baselines / Targets: Baseline data will be based on the 2004 national average which is still in progress; the subsequent objectives through 2008 will be defined once baseline data are available.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 2: Increased Availability of Selected Health Services and Products IR 2.6: Availability of STI treatment products and services increased			
Indicator # 15 :	Availability of social marketing STI treatment kits at the CSB level			
Definition :	Percentage of health centers having at least one of the social marketing STI treatment kits available and unexpired. "Available" means an item that is in stock at the time of verification. The social marketing STI treatment kits are Cura 7® or Genicure®.			
Calculation method :	Numerator: # of health centers with at least one available and unexpired social marketing STI treatment kit Denominator: total # of health centers surveyed			
Unit of measure :	Percentage of health centers			
Justification and Management Utility :	This indicator will measure the availability of STI treatment kits at the CSB level in most minimal sense. Availability of kits at CSB level reflects well functioning distribution system, which is where SantéNet focuses its interventions.			
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes			
Data collection method :	Random facility based survey			
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☑ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others :			
Frequency/ Timing of data Acquisition	Annual			
Individual(s) responsible :	Bonaventure Rakotomalala : Private Sector Specialist			
Known Data Limitations and Assumptions	This indicator assumes that the CSB include social marketing STI kits in their order for essential medicines to SALAMA.			
Performance indicator values :	2005	2006	2007	2008
	TBD			
Notes on Baselines / Targets: SALAMA is currently conducting an investigation to determine the number of CSB that have ordered these social marketing products (this will be used as a proxy indicator for setting targets). A basic survey will then be carried out to determine the percentage of CSB with STI kits at their disposal. The remaining targets through 2008 will be determined once baseline data are available.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 3: Improved Quality of Selected Health Services. IR 3.1: Standards and guidelines for public and private sector health services improved
Indicator # 16 :	Policies, standards and protocols (PNP) in SantéNet technical areas are updated
Definition :	Number of technical areas for which policies, norms, standards and protocols have been updated to meet international standards with assistance from SantéNet, approved by the MoH/FP and disseminated. Policies, norms and protocols will be counted as a group for each priority area. « Updated» PNPS include those which have been revised to meet WHO eligibility criteria and the local context. The technical areas of Santénet are: Family Planning and Reproductive Hhealth (FP/RH), Integrated Management of Childhood Illnesses (IMCI), Nutrition, Malaria, STI/HIV/AIDS
Calculation method :	Counting the stages reached by each technical area: 1. Identification of areas requiring an update, according to the national context, 2. Development/revision of the documents according to WHO standards of quality, 3. Validation of the documents by the MOH/FP, 4. Dissemination of documents according to a plan established by the MOH/FP 5. Institutionalization and standardization of the process of periodic revision, approval and dissemination
Unit of measure :	Number of technical areas
Justification and Management Utility :	Policy revision is fundamental to updating standards and protocols as well as training curricula for health personnel. Achieving these two activities will facilitate the implementation of the Performance and Quality Improvement (PQI) approach which is based on setting performance standards for the practicum sites and the CSBs in the Champion Communes. Updated policies will take into account the new performance data and will include the missing technical areas and new strategies which were recently developed.
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes
Data collection method :	Track/review project reports to determine which sets of PNPs the project has updated. Key informant interviews will be used with providers and administrators from different levels of the healthcare system to determine the extent to which the PNPs have been disseminated.
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☑ Others: – workshops report – Dissemination of MOH / FP report – Key informant interviews
Frequency/ Timing of data Acquisition	Annual

Individual(s) responsible :	Mariama Barry: Technical and Clinical Programs Director			
Known Data Limitations and Assumptions	Progress of this indicator depends on collaboration with other concerned partners (UNFPA, UNICEF, MOH)			
Performance indicator values :	2005	2006	2007	2008
	- 3 technical areas having their PNP revised: STI/IHV/AIDS, malaria, FP/RH	- 1 technical area having its PNP revised: IMCI - 3 revised PNP validated by MOH/PF and disseminated: STI/HIV/AIDS, malaria, FP/RH	- 1 revised PNP (IMCI) validated by MOH/PF and disseminated	- System is in place to institutionalize and standardize the development and periodic revision and update of the PNP
Notes on Baselines / Targets: The selection of the PNP technical areas to be revised and the timeline adopted for the revision are based on the needs of the MOH/FP; therefore the specific targets in the above table may be modified to reflect the changing needs of the MOH/FP.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 3: Improved Quality of Selected Health Services IR 3.2: Providers ability to deliver quality health services improved
Indicator # 17 :	MOH/FP training curricula updated in each of the SantéNet technical areas
Definition :	Number of curricula in the SantéNet technical areas that are updated according to the revised national PNP, approved by the MoH/FP and used for pre-service and in-service training Technical areas of Santénet are: FP/RH, IMCI, Nutrition, Malaria, STI/HIV/AIDS
Calculation method :	Counting the stages reached for each technical area: 1. Checking the adequacy of curricula with the revised PNP 2. Development of documents with involvement of the various training organizations 3. Validation of the documents by the Official Authorities 4. Production of tools (training materials/curricula) and their use in training sessions
Unit of measure :	Number of revised curricula
Justification and Management Utility :	SantéNet support to training institutions consists of the development or updating of training curricula in line with the revised PNP. The intent of this objective is to ensure that the content of pre-service and in-service training reflects the updated and approved PNP. It is expected that future trainees will acquire competencies according to scientific advances ?? development and will thus reduce the needs and costs associated with continuous training. On the basis of identified needs, an assistance plan will be developed and carried out in collaboration with key actors.
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes
Data collection method :	Track/review project reports to determine which in-service and pre-service curricula the project has updated. Key informant interviews will be conducted with medical school directors and management staff from training organizations to determine which revised curricula are being implemented.
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☑ Others: – Workshops report – Dissemination of MOH / FP report – Key informant interviews
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Julie Rajaonson : Training/Pre- service Specialist

Known Data Limitations and Assumptions	Progress related to this indicator depends on the use of the updated curricula by all organizations involved in the training of health workers (both in-service and pre-service) including the UNFPA, WHO, World Bank.			
Performance indicator values :	2005	2006	2007	2008
	Adequacy assessed for the components related to the 3 technical areas in the curricula (STI/HIV/AIDS, Malaria, FP/RH)	- 3 training curricula (STI/HIV/AIDS, Malaria, FP/RH) revised in agreement with updated PNP - Adequacy assessed for the components related to 2 remaining technical areas in the curricula (IMCI and Nutrition)	- 3 revised curricula (STI/HIV/AIDS, Malaria, RH/FP) used in medical schools and the six IFP. - 2 training curricula (IMCI and Nutrition) revised in agreement with the updated PNP	2 revised curricula (IMCI and Nutrition) used in medical schools and the six IFP
Notes on Baselines / Targets: The selection of the curricula technical areas to be revised and the timeline adopted for the revision are based on the needs of the MOH/FP; therefore the specific targets in the above table may be modified to reflect the changing needs of the MOH/FP.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 3: Improved Quality of Selected Health Services IR 3.3: Operational models for quality assurance of selected health services implemented IR 3.4: Quality of STI treatment services improved.
Indicator # 18 :	Performance standards achieved by practicum sites in SantéNet intervention zones. (USAID indicator 5.3.1)
Definition :	Percentage of desired performance standards achieved by all practicum sites for the technical areas in SantéNet intervention zones. The technical areas of Santénet are: FP/RH, IMCI, Nutrition, Malaria, STI/HIV/AIDS. The desired performance standards for three areas (STI/HIV/AIDS, Malaria and FP/RH) will be defined in the first year.
Calculation method :	Numerator: # performance standards achieved by the practicum sites Denominator: total # of desired performance standards
Unit of measure :	Percentage of performance standards
Justification and Management Utility :	Selected practicum sites will be used as centers of excellence and models for quality of services and for competency-based training and assessment among medical students and paramedics. The PQI approach will be introduced in these sites and action plans will be developed and carried out to improve quality of care.
Geographic Focus:	☑ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☐ Champion Communes
Data collection method :	Assessment of clinical training sites using performance standards tool (checklist) Standards are defined at the national level by the Policies, Standards and Protocols (Indicator 16). Desired performance is defined as the respect of each standard.
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☑ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Mamy Tiana Ranaivozanany: Training/In- service Specialist Julie Rajaonson: Training/Pre service Specialist
Known Data Limitations and Assumptions	Success depends on the implementation of the action plans by the individuals responsible for each site.

Performance indicator values :	2005	2006	2007	2008
	- The desired performance standards in STI/HIV/AIDS, Malaria and FP/RH are developed - The current performance level for these technical areas is assessed at the practicum sites - Action plans at practicum sites are implemented	- All selected sites meet at least 40% of established performance standards.	- All selected sites meet at least 50% of established performance standards.	- All selected sites meet at least 60% of established performance standards.
Notes on Baselines / Targets: Current performance levels at the practicum sites currently fluctuate around 40% of the desired performance standards. Taking into account the similarities of the problems identified at the practicum sites and the weaknesses of the rural sites, Santénet considers it reasonable to maintain these objectives for 2006 and to increase by 10% in each subsequent year.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 3: Improved Quality of Selected Health Services IR 3.3: Operational models for quality assurance of selected health services implemented.
Indicator # 19 :	Percent of CSB meeting " Quality CSB " criteria in the champion communes
Definition :	Percentage of CSB certified "Quality CSB" in the SantéNet champion communes A CSB is certified “Quality CSB” if it meets all of the following criteria: - has reached at least 40% of desired performance standards, as described in indicator # 18, - offers services in accordance with the standards and protocols updated within the SantéNet technical areas, - where healthcare providers give appropriate counseling on contraceptive methods according to national guidelines, - where trained healthcare providers appropriately manage STI patients according to the syndromic approach.
Calculation method :	Numerator: # of health centers certified “Quality CSB” in the Santénet champion communes Denominator: total # of CSB in the Santénet champion communes
Unit of measure :	Percentage of CSB
Justification and Management Utility :	Improving the quality of services provided by CSBs in the champion communes depends on strengthening their performance. The PQI process will be introduced for this purpose and quality improvement action plans will be developed and implemented. CSBs meeting the defined criteria will be certified “Quality CSB”.
Geographic Focus:	☐ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☑ Champion Communes
Data collection method :	Assessment of clinical training sites using performance standards tool
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☑ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Mamy Tiana Ranaivozanany: Training/In- service Specialist Julie Rajaonson: Training/Pre- service Specialist
Known Data Limitations and Assumptions	Success depends on the implementation of the action plans by the CSB personnel and managers.

Performance indicator values :	2005	2006	2007	2008
	- - PQI Training of service providers - The desired performance standards for "Quality CSB" are developed in three areas (FP/RH, Malaria, and STI/HIV/AIDS) - The current performance level for these technical areas is assessed at the CSB level - Action plans are implemented by CSB	60% of selected CSB from champion communes in 2005 are certified Quality CSB	60% of selected CSB from champion communes in 2006 are certified Quality CSB	60% of selected CSB from champion communes in 2007 are certified Quality CSB
Notes on Baselines / Targets: Because the implementation of CSB action plans depends largely on the initiative and management by the CSB staff, the target values defined for this indicator are considered to be realistic and relevant.				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 4: Improved Institutional Capacity to Implement and Evaluate Health Programs. IR 4.1: Collection and use of data for decision-making improved.
Indicator # 20 :	CSB in SantéNet champion communes produce quality monthly activity reports
Definition :	The quality of the RMA is defined by two parameters: 1. Completion according to the manual of procedure established by the SSSa (Service de Statistiques Sanitaires), that is the completion of the RMA and the correct use of the SIG tools 2. Accuracy of the reported data, verified by the validity of the equation proposed below According to the evaluation of SIS in 2005, the performance of the completion is already high (95 %). The correct use of the SIG tools will be tightly followed from Committees Kôminina Mendrika [Indicator #6]. So, the component of quality which will be followed in this indicator is the accuracy reporting in the routine system for two technical areas: 3. Injectable contraceptives for FP 4. DTC-HepB for EPI
Calculation method :	Numerator : # CSB reporting accurate data of Injectable contraceptives and DTC-HepB in the monthly report during the year before the evaluation 1. For injectable contraceptives, the data from CSB will be considered accurate if at least 75% of monthly reports meet the following equation : [# regular users injectable contraceptives during the month] = [total # regular users during the previous month] + [total # new users during the month] - [total # drop-out] ± 5 % 2. For DTC-HepB, the data from CSB will be considered accurate if at least 75% of monthly reports meet the following equation : [# doses DTC-HepB at the end of the month] = [# doses received during the month] + [# doses remaining from previous month] + [Losses of vaccines] - [# doses used during the month] ± 5 % Denominator # total of CSBs in Santénet Kôminina Mendrika
Unit of measure :	Percentage of CSB
Justification and Management Utility :	The Information System for Management is part of the Health Information system. The Monthly activity reports (RMA) from health centers is its main support. The reliability of the data was one of the points to be improved diagnosed during the evaluation of the performance of the SIG / RMA in 2005
Geographic Focus:	☐ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☑ Champion Communes

Data collection method :	Track and review data from the routine reporting system			
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☐ SantéNet rapid survey in Champion communes ☑ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☐ Others : _____			
Frequency/ Timing of data Acquisition	Annual			
Individual(s) responsible :	Herilaza Rasamimanana: Organization Development Coordinator Heritiana Andrianaivo: Health Information System Specialist			
Known Data Limitations and Assumptions				
Performance indicator values :	2005	2006	2007	2008
	14%	17%	21%	24%
Notes on Baselines / Targets: For year 2005, the baseline was calculated for the CSB having reported FP data of the country. From 2006, these data will be collected in the RMAs of the CSB of the Communes involved in the approach KM via the SSSa. The combination of data for the EPI will be realized when the new version of the RMA will be applied. This is scheduled by the MOH in January 2006				

Performance Indicator Reference Sheets

Name of strategic objective :	IR 4: Improved Institutional Capacity to Implement and Evaluate Health Programs. IR 4.1: Collection and use of data for decision-making improved.
Indicator # 21 :	Use of routine data in the commune level in SantéNet champion communes (USAID indicator 5.4.1)
Definition :	Number of CSBs in SantéNet champion communes using Chartbooks as tool for decision-making in the past month. The "Chartbook" is a graphic representation of CSB monthly data. It serves as a dashboard of indicators for the CSB which displays a monthly action plan according to changes in the CSB indicator values. The diagrams will be shared on a regular basis with local authorities in order to include them in decision-making regarding health promotion in the commune. The CSB "uses" the Chartbook as tool of decision-making when: 1. the data are posted and updated in the CSB on a monthly basis 2. the Communal Development Plans (PCD) incorporate the CSB health data
Calculation method :	Counting the number of CSB that fulfil the criteria for using the Chartbook and the number of PCDs that include CSB health data.
Unit of measure :	Number of CSB
Justification and Management Utility :	Apart from the availability of data, one of the essential functions of the Health Information System is the use of information at the level where it is generated (lowest level of the system). Certain CSB already have monthly data charts, but its rational use for real decision-makings is often lacking. This indicator will be used to measure the regular use of data from the RMA at the peripheral level of the health system.
Geographic Focus:	☐ National ☐ SantéNet 4 Focus Provinces (Antananarivo, Fianarantsoa, Toliara, Toamasina) ☑ Champion Communes
Data collection method :	Review of the PCD of each commune to verify that monthly health data have been incorporated Rapid survey at the CSB level in champion communes to verify that Chartbooks have been posted and updated in the past month
Source of data:	☐ DHS ☐ USAID Annual Household Survey (TBD) ☐ SantéNet facility based survey ☑ SantéNet rapid survey in Champion communes ☐ Routine Reporting System ☐ Health Center Quality Assessment ☐ Behavioral Surveillance Survey (BSS) every 2 years ☑ Others : PCD document
Frequency/ Timing of data Acquisition	Annual
Individual(s) responsible :	Herilaza Rasamimanana: Organization Development Coordinator Heritiana Andrianaivo: Health Information System Specialist

Known Data Limitations and Assumptions				
Performance indicator values :	2005	2006	2007	2008
	Definition of Chartbook contents and presentation Training of healthcare providers in the use of the Chartbook Implementation of the Chartbook in 80 champion communes	48 communes from 2005 using Chartbooks Implementation of the Chartbook in 100 new champion communes	60 communes from 2006 using Chartbooks Implementation of the Chartbook in 120 new champion communes	72 communes from 2007 using Chartbooks
Notes on Baselines / Targets: The use of the chartbooks by the CSB as tool for decision-making will be evaluated in all CSB in the SantéNet champion communes. The annual objectives for this indicator follow those of the champion communes (Indicator # 6) with an expected achievement in 60% of the communes initiated in the KM approach.				

Annexes

- Annex A: Summary Performance Data table & Task Schedule
- Annex B: The Champion Commune Approach

Annex A: Summary Performance Data table & Task Schedule

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Person responsible
SO 5 : Increased use of Selected Health Services and Products and Improved Practices								
1- Contraceptive prevalence rate	Proportion of women in union age 15-49 who are using (or whose partner is using) a modern method of contraception. Modern methods include oral contraceptives, injectables, implants, male condoms, IUD, male and female sterilization, vaginal foaming tablets. *Calculation method:* Numerator : # Women in union age 15-49 who are using (or whose partner is using) a modern method of contraception Denominator : total # women in union age 15-49 surveyed	18% (EDS 2003-2004)	19.3%	20.6%	21.9%	23.2%	DHS every 5 years USAID Annual Household Survey (TBD)	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist
2- DPT 3 coverage	Proportion of children aged 12-23 months who received the full series of immunizations for Diphteria, Pertussis, Tetanus before age 12 months *Calculation method:* Numerator : # children 12-23 months who received three doses of DPT vaccine before 12 months Denominator: total # children 12-23 months surveyed	61.3% (EDS 2003-2004)	63.3%	65.3%	67.3	69.3%	DHS every 5 years USAID Annual Household Survey (TBD)	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist
3- Vitamin A supplementation coverage	Proportion of children aged 6-59 months who received a high dose (6-12 months:100,000 IU, 12-59 months: 200,000 IU) of Vitamin A supplementation in the last six months *Calculation method:* Numerator : # children aged 6-59 months who received Vitamin A supplementation in the last six months Denominator: total # children aged 6-59 months	76% (EDS 2003-2004)	76%	79%	82%	85%	DHS every 5 years USAID Annual Household Survey (TBD)	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Person responsible
SO 5 : Increased use of Selected Health Services and Products and Improved Practices								
	surveyed							
4- Condom use at last sexual rapport with a paying partner, among youth and commercial sex workers	Proportion of high risk people using condoms during the last sexual rapport with a paying partner High risk people include: youth aged 15-24 years (men, women); commercial sex workers (CSW) Paying means any form of remuneration including gifts, money, food, protection etc… *Calculation method:* Numerator : # respondents who report using a condom the last time they had sex with a paying partner Denominator: total # respondents who report having sex in the last month (commercial sex worker) and 12 months (youth)	Women 15-24 = 20% (BSS 2004)		24%	--	30%	BSS every 2 years USAID Annual Household Survey (TBD)	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist
		Men 15-24 = 24% (BSS 2004)		30%	--	40%		
		CSW = 76% (BSS 2004)		80%	--	85%		
5- Exclusive breastfeeding rate	Proportion of infants under 6 months who are being exclusively breastfed. Exclusive breastfeeding is the practice of giving only breast milk to the infant, with no other solid or liquids, including water. *Calculation method:* Numerator : # infants 0 -<6 months who are being exclusively breastfed Denominator: total # of children infants 0 -<6 months surveyed	67% (EDS 2003-2004)				70%	DHS every 5 years USAID Annual Household Survey (TBD)	Serge Raharison : Deputy Director Herivololona Rabemanantsoa: Monitoring and Evaluation Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
IR 1: Increased Demand for Selected Health Services and Products									
6 Number of communes utilizing the Kôminina Mendrika [KM] approach that achieve health objectives	Number of communes in SantéNet intervention communes that have obtained « Champion Commune » status. The criterion for obtaining this status is: commune must meet the defined objectives for its selected indicators within a set time period. The « Champion Commune » is an approach carried out in selected communes to mobilize key actors from the government and civil society to achieve common goals. First, based on data from a needs assessment, each commune chooses a series of priority health indicators (from a menu of 10 proposed indicators) and sets objectives to be reached		- Development of concept model and technical framework for SantéNet Champion Commune approach. - Development of tools to implement the Champion Commune approach: social marketing kit; mass media/radio kit and interpersonal communication kit, including the trainer's guides for community-based agents. - Development and circulation of request for proposal to partners for implementing the approach - Review of proposals and selection of partners for the	- 64 communes from 2005 reaching 1st level of KM status and involved in next step - Implementation of KM approach in 100 new communes	- 51 communes from 2005 reaching 2nd level of KM status and involved in next step - 80 communes from 2006 reaching 1st level of KM status and involved in next step - Implementation of KM approach in 120 new communes	-41 communes from 2005 3rd level of KM status -64 communes from 2006 reaching 2nd level of KM status -96 communes from 2007 reaching 1st level of KM status	SantéNet rapid survey in Champion communes Routine Reporting System Report by Kôminina Mendrika evaluation team	Track and review routine data and reports from each commune to determine whether they have met the established criteria for a Champion Commune. Follow-up and evaluation will use data from routine system.	Voahirana Ravelojaona : Regional programs Coordinator Elysée Ramamonjisoa: Community mobilization specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	over a 12 month period. The commune then implements health promotion and other activities with the participation of at least 75% of its villages. The commune obtains the title of "Champion Commune" if, at the end of the 12 month cycle, it meets the pre-defined objectives. *Calculation method:* Counting the number of communes having met the criteria set for the champion commune		implementation - Development and signing of partner contracts - Implementation of the approach in 80 communes in the selected partners intervention areas						
7- Availability of IEC/CCC minimum package at CSB level	Proportion of CSB that have the minimum package of IEC/BCC materials available for the SantéNet technical areas: FP/RH, Child Survival, Nutrition, Malaria, STI/AIDS. "Available" means at least one copy on hand and on display at the time of verification. *Calculation method:* Numerator: # of CSBs that have the minimum package of IEC/BCC materials available for the SantéNet technical		- Inventory and analysis of existing IEC/BCC health materials - Identification of the contents of the minimum package based on above analysis - Updated materials or development of new IEC/BCC materials - Development and implementation of distribution strategy for the CSB	60% of CSB in SantéNet target areas (ex-provinces of Antananarivo, Fianarantsoa, Toamasina, Toliary) have the minimum package of IEC/BCC materials available	80% of CSB in SantéNet target areas (ex-provinces of Antananarivo, Fianarantsoa, Toamasina, Toliary) have the minimum package of IEC/BCC materials available 70% of CSB in the 2 remaining ex-provinces have the minimum	90% of CSB in SantéNet target areas (ex-provinces of Antananarivo, Fianarantsoa, Toamasina, Toliary) have the minimum package of IEC/BCC materials available 80% of CSB in the 2 remaining ex-provinces have the	SantéNet facility based survey	Random facility based survey with sampling designed to stratify by provinces	Aimé Randriamanalina : Behavior change communication

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	areas Denominator: # of CSBs surveyed				package of IEC/BCC materials available	minimum package of IEC/BCC materials available			
8 Number of communes in vulnerable biodiversity zones utilizing the Kôminina Mendrika [KM] approach that achieve health objectives	Number of Communes in vulnerable biodiversity zones that obtain « Champion Commune » status, according to the same criteria defined in indicator # 6. Vulnerable biodiversity zones are defined as those areas that are in, that surround or that directly affect protected areas – all communes that abut the forest plus all communes that influence the biodiversity through migration, high sales/demand for charcoal due to high population (peri urban or urban) *Calculation method:* Counting the communes in the vulnerable biodiversity zones that meet the established criteria for a champion commune (detailed above for indicator # 6)		- Definition and identification of vulnerable biodiversity areas according to SO6 team: "communes either abutting or indirectly affecting a protected zone" - Development of concept model and technical framework for SantéNet Champion Commune approach. - Development of tools to implement the Champion Commune approach: social marketing kit; mass media/radio kit and interpersonal communication kit, including the trainer's guides for community-based agents. - Development and circulation of request for proposal to	10	TBD	TBD	SantéNet rapid survey in Champion communes Routine Reporting System Reports from MISONGA, ERI and Alliance Eco-Régionale	Track and review data and reports from each commune to determine whether they have met the established criteria for a Champion Commune	Voahirana Ravelojaona : Regional programs Coordinator Elysée Ramamonjisoa: Community mobilization specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
			partners for implementing the approach - Review of proposals and selection of partners for the implementation - Development and signing of partner contracts - Implementation of the approach in TBD communes defined as vulnerable biodiversity areas						
IR 2: Increased Availability of Selected Health Services and Products									
9- Reduction in the number of stockouts of injectable contraceptives at the health center level.	Percentage of CSBs reporting one stockout of injectable contraceptives (Depo Provera) in the last 12 months. A "stockout" is defined as the absence of a product that is supposed to be on hand at a given time. *Calculation method:* Numerator: # health centers with one stock-out of Depo Provera in the last 12 months	14% (national survey carried out by the Policy Project in 2003)	12%	10%	8%	6%	SantéNet facility based survey	Random facility based survey	Avotiana Rakotomanga: System management Health Support responsible

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	Denominator: total # of health centers surveyed								
10- Functionality of the cold chain at the health center level	Percentage of CSBs with a functioning cold chain. A cold chain is considered "functional" if: - The temperature is monitored daily during last 6 months and the temperatures are in the range of +2ºC and +8ºC. - The stock of vaccine is sufficient until the next supply scheduled by the district level arrives (usually 1 month) Both criteria and their combination will be monitored *Calculation method:* Numerator: # of health centers that meet he criteria Denominator: total # of health centers surveyed.	Temperature monitored daily and in the range of +2ºC and +8ºC.during last 6 months	TBD	TBD	TBD	TBD	Annual VMA study	Use of assessment tool designed by WHO and UNICEF, called "Vaccine Management Assessment" [VMA]. The tool is used annually by the MOH/FP to monitor the EPI program at all levels. For this indicator, SantéNet will extract the data from the health centers. The selection of districts and sites is based on DTC3 coverage (1/3 above the mean, 1/3 approximately equals and 1/3 below). The whole process of assessment includes field	Josoa Ralaivao: Health systems access Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
		The stock of vaccine sufficient until the next supply scheduled by the district level arrives	TBD	TBD	TBD	TBD		visits, collection and analysis of existing data, Observations and discussions with health workers.	
11- Santénet Champion Communes have an established distribution system for Social Marketing products	Number of Champion Communes having an established distribution chain for Social Marketing products. A complete chain of distribution means at least one Community Based Sales Agent trained and functioning in at least 75% of the fokontany. The functionality of CBS is measured by a least one request of restock		- Training of community sales agents in 80 communes involved in the KM approach	- 64 Champion Communes from 2005 have an established distribution chain for Social Marketing products established distribution chain for Social Marketing products - Training of community sales agents in 100	- 80 Communes from 2006 have an established		- NGOs training reports - AVBC sales reports - Trainet for the formed AVBC	Track and review SantéNet and NGOs reports for each commune	Bonaventure Rakotomalala : Private Sector Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	during the KM cycle *Calculation method:* Counting the number of community sales agents trained by SantéNet partners, in collaboration with SantéNet, who requested a restock during the cycle in the Champion Communes			new communes involved in the KM approach	distribution chain for Social Marketing products - Training of community sales agents in 120 new communes involved in the KM approach	- 96 Communes from 2007 have an established distribution chain for Social Marketing products			
12- Number of Social Marketing products sold in SantéNet champion communes	Number of Social Marketing products sold through the commune-level points of sale set up in the Champion Communes. Products include: Protector Plus®, Sur'Eau®, Pilplan®, Super Moustiquaire® and Palustop® *Calculation method:* Counting the number of each product sold at the points of sale in the champion communes		- Training of community sales agents - Installation of commune-level points of sale	Protector Plus® : TBD Sur'Eau® : TBD Pilplan® : TBD Moustiquaires imprégnées : TBD Palustop ® : TBD (Data from 2006 will be collected the moment activities begin in each Commune and will reflect the amount of products that are truly sold during the year.).	annual increase of 25% of sales compared to the previous year (2006) for each product	annual increase of 25% of sales compared to the previous year (2007) for each product	AVBC sales reports	Track and review SantéNet and PSI reports for each commune	Bonaventure Rakotomalala : Private Sector Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
13- Proportion of curative consultations provided by CSB in SantéNet Champion Communes	Utilisation rate of curative consultations in the CSB in communes receiving the Santénet Champion Commune intervention. The curative consultations measured by this indicator are the number of all new cases seen in the CSB compared to the total population covered by the CSB. *Calculation method:* Numerator: total # of all new cases (for all categories of problems) seen in external consultations at the CSB Denominator: total # of population covered by the CSB		TBD 2004 average (Research in progress.)	TBD	TBD	TBD	Routine Reporting System	Track and review data from the routine reporting system	Josoa Ralaivao: Health systems access Specialist
14- DTCHepB3 coverage rate in remote populations of SantéNet Champion Communes	Proportion of children less than 12 months living beyond 5 km of a CSB, vaccinated in DTCHepB3 during advanced/mobiles strategies in SantéNet Champion Communes.		TBD 2004 national average (Research in progress.)	TBD	TBD	TBD	EPI Pre-report	Track and review EPI pre report at the CSB level	Josoa Ralaivao: Health systems access Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
(proposition de Santénet: indicateur à supprimer)	The population living more than 5 km from a CSB is considered to be an underserved population because it is specifically targeted by MOH/FP advanced strategies. *Calculation method:* Numerator: # of children under 12 months living more than 5 km from a CSB, vaccinated in DTCHepB3 during advanced/mobiles strategies in the SantéNet champion communes Denominator: total # of children under 12 months living more than 5 km from a CSB in the same communes According to the RED approach (Reach Each District) of the EPI, an estimated 55% of the total population lives more than 5Km away from a CSB.								
15- Availability of	Percentage of health centers having at least		TBD	TBD	TBD	TBD	SantéNet facility based survey	Random facility	Bonaventure Rakotomalala :

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
social marketing STI treatment kits at the CSB level	one of the social marketing STI treatment kits available and unexpired. "Available" means an item that is in stock at the time of verification. The social marketing STI treatment kits are Cura 7® or Genicure®. *Calculation method:* Numerator: # of health centers with at least one available and unexpired social marketing STI treatment kit Denominator: total # of health centers surveyed		(A basic survey will then be carried out to determine the percentage of CSB with STI kits at their disposal. The remaining targets through 2008 will be determined once baseline data are available.)					based survey	Private Sector Specialist
IR 3: Improved Quality of Selected Health Services									
16- Policies, standards and protocols (PNP) in SantéNet technical areas are updated	Number of technical areas for which policies, norms, standards and protocols have been updated to meet international standards with assistance from SantéNet, approved by the MoH/FP and disseminated. Policies, norms and protocols will be counted as a group for		- 3 technical areas having their PNP revised: STI/IHV/AIDS, malaria, FP/RH	- 1 technical area having its PNP revised: IMCI - 3 revised PNP validated by MOH/PF and disseminated: STI/HIV/AIDS, malaria, FP/RH	- 1 revised PNP (IMCI) validated by MOH/PF and disseminated	- System is in place to institutionalize and standardize the development and periodic revision and update of the PNP	- workshops report - Dissemination of MOH / FP report - Key informant interviews	Track/review project reports to determine which sets of PNPs the project has updated. Key informant interviews will be used with providers and administrators from different	Mariama Barry: Technical and Clinical Programs Director

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	each priority area. « Updated» PNPS include those which have been revised to meet WHO eligibility criteria and the local context. The technical areas of Santénet are: family planning and reproductive health (FP/RH), Integrated Management of Childhood Illnesses (IMCI), Nutrition, Malaria, STI/HIV/AIDS. *Calculation method:* Counting the stages reached in each technical area: - Identification of areas requiring an update, according to the national context, - Development/revision of the documents according to WHO standards of quality, Validation of the documents by the MOH/FP, - Dissemination of documents according to a plan established by							levels of the healthcare system to determine the extent to which the PNPs have been disseminated.	

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	the MOH/FP - Institutionalization and standardization of the process of periodic revision, approval and dissemination								
17- MOH/FP training curricula are updated in each of the SantéNet technical areas	Number of curricula in the SantéNet technical areas that are updated according to the revised national PNP, approved by the MoH/FP and used for pre-service and in-service training Technical areas of Santénet are: FP/RH, IMCI, Nutrition, Malaria, STI/HIV/AIDS *Calculation method:* Counting the stages reached for each technical area: 1. Checking the adequacy of curricula with the revised PNP 2. Development of documents with involvement of the various training organizations 3. Validation of the documents by the Official Authorities		Adequacy assessed for the components related to the 3 technical areas in the curricula (STI/HIV/AIDS, Malaria, FP/RH)	- 3 training curricula (STI/HIV/AIDS, Malaria, FP/RH) revised in agreement with updated PNP - Adequacy assessed for the components related to 2 remaining technical areas in the curricula (IMCI and Nutrition)	- 3 revised curricula (STI/HIV/AIDS, Malaria, RH/FP) used in medical schools and the six IFP. - 2 training curricula (IMCI and Nutrition) revised in agreement with the updated PNP	2 revised curricula (IMCI and Nutrition) used in medical schools and the six IFP	- workshops report - Dissemination of MOH / FP report - Key informant interviews	Track/review project reports to determine which in-service and pre-service curricula the project has updated. Key informant interviews will be conducted with medical school directors and management staff from training organizations to determine which revised curricula are being implemented.	Julie Rajaonson : Training/Pre-service Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	4. Production of tools (training materials/curricula) and their use in training sessions								
18- Performance standards achieved by practicum sites in SantéNet intervention zones	Percentage of desired performance standards achieved by all practicum sites for the technical areas in SantéNet intervention zones. The technical areas of Santénet are: FP/RH, IMCI, Nutrition, Malaria, STI/HIV/AIDS. The desired performance standards for three areas (STI/HIV/AIDS, Malaria and FP/RH) will be defined in the first year. *Calculation method:* Numerator: # performance standards achieved by the practicum sites Denominator: total # of desired performance standards		- The desired performance standards in STI/HIV/AIDS, Malaria and FP/RH are developed - The current performance level for these technical areas is assessed at the practicum sites - Action plans at practicum sites are implemented	- All selected sites meet at least 40% of established performance standards.	- All selected sites meet at least 50% of established performance standards.	- All selected sites meet at least 60% of established performance standards.	Health Center Quality Assessment	Assessment of clinical training sites using performance standards tool (checklist) Standards are defined at the national level by the Policies, Standards and Protocols (Indicator 16). Desired performance is defined as the respect of each standard.	Mamy Tiana Ranaivozanany: Training/In-service Specialist Julie Rajaonson: Training/Pre service Specialist
19 - Percent of CSB meeting "Quality	Percentage of CSB certified "Quality CSB" in the SantéNet		- PQI Training of service providers - The desired	60% of selected CSB from champion communes in	60% of selected CSB from champion communes in	60% of selected CSB from champion communes in	Health Center Quality Assessment	Assessment of clinical training sites using performance	Mamy Tiana Ranaivozanany: Training/In-

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
CSB" criteria in the champion communes	champion communes "Quality CSB" certification is defined by the following criteria: - has reached at least 40% of desired performance standards as described in indicator # 18 - offers services in accordance with the standards and protocols updated within the SantéNet technical areas - where healthcare providers give appropriate counseling on contraceptive methods according to national guidelines - where trained healthcare providers appropriately manage STI patients according to the syndromic approach.. *Calculation method:* Numerator: # CSBs certified "Quality CSB" in the Santénet		performance standards for "Quality CSB" are developed in three areas (FP/RH, Malaria, and STI/HIV/AIDS) - The current performance level for these technical areas is assessed at the CSB level - Action plans are implemented by CSB	2005 are certified Quality CSB	2006 are certified Quality CSB	2007 are certified Quality CSB		standards tool	service Specialist Julie Rajaonson: Training/Pre service Specialist

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	champion communes Denominator: total # of CSBs in the Santénet champion communes								
IR 4: Improved Institutional Capacity to Implement and Evaluate Health Programs									
20- CSB in SantéNet champion communes produce quality monthly activity reports	The component of quality which will be followed in this indicator is the accuracy reporting in the routine system for two technical areas: 1. Injectable contraceptives for FP 2. DTC-HepB for EPI	For year 2005, the baseline was calculated for the CSB having reported FP data of the country. From 2006, these data will be collected in the RMAs of the CSB of the Communes involved in the approach KM via the SSSa	14%	17%	21%	24%			

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	Calculation method: Numerator : # CSB reporting accurate data of Injectable contraceptives(*) and DTC-HepB (**) in the monthly report during the year before the evaluation Denominator : # total of CSBs in Santénet Kôminina Mendrika								

(*) For injectable contraceptives, the data from CSB will be considered accurate if at least 75% of monthly reports meet the following equation:

# regular users injectable contraceptives during the month	=	total # regular users during the previous month	+	total # new users during the month	-	total # drop-out	± 5 %

(**) For DTC-HepB, the data from CSB will be considered accurate if at least 75% of monthly reports meet the following equation :

# doses DTC-HepB at the end of the month	=	# doses received during the month	+	# doses remaining from previous month	+	Losses of vaccines	-	# doses used during the month	± 5 %

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
21- Use of routine data in the commune level in SantéNet champion communes	Number of CSBs in SantéNet champion communes using Chartbooks as tool for decision-making in the past month. The "Chartbook" is a graphic representation of CSB monthly data. It		- Definition of Chartbook contents and presentation - Training of healthcare providers in the use of the Chartbook	48 communes from 2005 using Chartbooks Implementation of the Chartbook in 100 new champion communes	60 communes from 2006 using Chartbooks		SantéNet rapid survey in Champion communes PCD document	Review of the PCD of each commune to verify that monthly health data have been incorporated Rapid survey at the CSB level in	Herilaza Rasamimanana: Organization Development Coordinator Heritiana Andrianaivo: Health Information

Indicator	Indicator Definition / Calculation method:	Baseline (Year and Data source)	05	06	07	08	Data source	Methodology	Person responsible
	serves as a dashboard of indicators for the CSB which displays a monthly action plan according to changes in the CSB indicator values. The diagrams will be shared on a regular basis with local authorities in order to include them in decision-making regarding health promotion in the commune. The CSB "uses" the Chartbook as tool of decision-making when: - the data are posted and updated in the CSB on a monthly basis - the Communal Development Plans (PCD) incorporate the CSB health data *Calculation method:* Counting the number of CSB that fulfil the criteria for using the Chartbook and the number of PCDs that include CSB health data.		- Implementation of the Chartbook in the 75 champion communes		Implementation of the Chartbook in 120 new champion communes	72 communes from 2007 using Chartbooks		champion communes to verify that Chartbooks have been posted and updated in the past month have been posted and updated in the past month	System Specialist

Annex B: The Champion Commune Approach

The Champion Commune Approach is a platform for all sectors of development

The Champion Commune Approach seeks to integrate four key development sectors to improve community well-being: 1) environmental protection, 2) health improvement, 3) economic development, and 4) good governance.

Development sectors are completely interdependent and need to be integrated to produce the best possible synergy while promoting rapid and sustainable development. The development of the rural economy, for example, is highly dependent on the availability and sound management of human and natural resources. In turn, the population needs to be healthy to be productive and natural resources rely on rational management to ensure availability and quality. At the same time, good governance in a community ensures commitment to and investment in natural resource management and health services.

The Champion Commune Approach serves as a platform for the integration of these crucial development sectors. It calls for close collaboration between local and international partners and stakeholders to reach as many communities as possible throughout Madagascar.

Mobilizing all actors in the community

Finding solutions to development challenges in a community requires the engagement of all key actors. The Champion Commune Approach seeks to mobilize all community actors to achieve common goals and common objectives. An ACTOR is an individual or a group of individuals that voluntarily commits itself to carry out actions for achieving pre-defined objectives to become a Champion Community.

Achieving common development objectives in the community

Champion Commune actions are defined through a participatory process which establishes development objectives and corresponding indicators, based on needs identified by the community and on the analysis of data available at the community level. The set of objectives and indicators that serve as Champion Commune criteria are negotiated directly with the community by local partners. These must be specific, realistic, and achievable. The key is to define OBJECTIVES that require a significant but also reasonable level of effort from the community.

A community becomes a Champion Commune when it demonstrates that it has achieved the predefined objective by implementing important, doable and measurable actions.

Champion Commune's four-star system encourages multi-sectoral development

At the end of this implementation cycle, the Community is awarded the Champion Commune status if it has achieved the objectives in the development sectors targeted during the cycle. This earns it the status of "One-Star Champion Community." The community can then continue or expand its activities to a different sector, using the same approach to define objectives relative to the sector. Upon realizing these objectives, the community may continue its activities and earn stars from the remaining sectors, eventually becoming a "Four-Star Champion Community". Each star is given a specific color to represent the corresponding development sector: green for environmental protection, blue for health improvement, gold for economic development, and white for good governance